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CONFIRMATION NO. 4890

SERIAL NUMBER 10/792,082	FILING OR 371(c) DATE 03/02/2004 RULE	CLASS 607	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. A04P1018	
APPLICANTS Katie Hoberman, South Pasadena, CA; Peter Boileau, Valencia, CA;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/21/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Michael Boileau</i> Acknowledged <i>MB</i> Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 4
ADDRESS 36802					
TITLE Cardiac stimulation device with adjustable blanking intervals					
FILING FEE RECEIVED 1000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		